REQUEST FOR PRIOR AUTHORIZATION FOR A COMPLEX CARE
Memorandum Of Understanding
Nursing Facility
and
Michigan Department of Community Health

Complete this request with specific information. Include current documentation regarding the beneficiary's medical condition and any other information you feel will support this request for reimbursement.

FAX TO: MDCH-Program Review Division at **(517) 241-7813**

Client/Beneficiary Name	**Nursing Facility Name**
Beneficiary ID Number	**Nursing Facility Street Address**
Admission Date	**Nursing Facility City, State and Zip**
Effective Date of Current CCMOU	**Provider Contact Name**
Nursing Facility Provider ID Number	**Provider Contact Phone Number** ( ) -

List the average number of nursing hours and supplies, vent, etc. required for this beneficiary's care that EXCEED the standard level of care and the corresponding rate of pay. *Attach additional information if necessary.*

Excess Nursing Hours	Charges Per Hour/Day	Total
RN _____ Hours Per Day	$ _____ Per hour	$ _____
LPN _____ Hours Per Day	$ _____ Per hour	$ _____
Aide _____ Hours Per Day	$ _____ Per hour	$ _____
Excess Daily Supplies		
Medical Supplies (e.g., vent)	$ _____ Per day	$ _____
TOTAL		$ _____

Provider Certification

The patient named above understands the necessity of prior approval for the increase in reimbursement. I understand the increase in reimbursement for the above charges requires prior authorization and, if approved and submitted on the appropriate invoice, payment and satisfaction of the approved services will be from Federal and State funds. I understand that any false claims, statements or documents, or concealment of a material fact may lead to prosecution under applicable Federal or State laws. I understand the information provided is to be held in confidence and not divulged without consent of the beneficiary.

Provider Signature Fax Number Date

MDCH USE ONLY:

Prior Authorization Number

APPROVED	DENIED
☐ As Presented ☐ As Amended	☐

Start Date	End Date	Units – Number of Days	Total Daily MOU Rate
			$

MDCH Signature Date

Authority: Title XIX of Social Security Act

The Michigan Department of Community Health is an equal opportunity employer, services, and programs provider.

MSA-1576 (03-06) - Previous editions may be used.